

**RESERVATION FORM FOR  
 SEDRO-WOOLLEY HIGH SCHOOL ALUMNI ASSOCIATION ANNUAL ALL-CLASS PICNIC  
 July 12, 2014—SEDRO-WOOLLEY RIVERFRONT PARK**

NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CLASS YEAR: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NO. ATTENDING: \_\_\_\_\_ CHECK AMOUNT (\$15.00 per person): \_\_\_\_\_

CHICKEN: \_\_\_\_\_ **OR (not both!)** HAMBURGER (with condiments): \_\_\_\_\_

Please make check payable to SWHSAA and mail to **PO Box 509, Sedro-Woolley WA 98284**. Registration deadline is **7/1/2014**. If reserving under more than one name, please specify. You **MUST** pre-register and pay in advance to join in the catered lunch, provided by *Joy's SW Bakery*. ***Registrations paid after deadline: \$20***

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**Sedro-Woolley High School Alumni Association Membership/Donation Form**

Graduation Year: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle Maiden Nickname

Mailing Address: \_\_\_\_\_  
Street City/State Zip

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
First Middle Last Maiden

Annual Membership Dues, \$10: \$ \_\_\_\_\_ Paying for years (circle): \_ 2014 2015 2016 \_ Life Membership, \$100: \$ \_\_\_\_\_  
(Lifetime membership card will be sent to you)

Memorial \$ \_\_\_\_\_ Anniversary: \$ \_\_\_\_\_ Birthday: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ Donation: \$ \_\_\_\_\_

Name of Honoree: \_\_\_\_\_ Class of \_\_\_\_\_  
First Middle Last Maiden

Name of Acknowledgement Recipient: \_\_\_\_\_

Their mailing address: \_\_\_\_\_  
 (Acknowledgement will not be sent without an address) Street City/State Zip

Total Membership fees: \$ \_\_\_\_\_ Total Scholarship Fees: \$ \_\_\_\_\_ Total enclosed: \$ \_\_\_\_\_

**The Sedro-Woolley High School Alumni Association uses membership dues for the operating expenses of the organization. Memorials and Donations go directly to the scholarship program funds. Thank you for your support!!!**